

# **IRO Express Inc.**

**An Independent Review Organization**

**Phone Number:**  
**(682) 238-4976**

**2131 N Collins PMB 433409**

**Arlington, TX 76011**

**Email: iroexpress@irosolutions.com**

**Fax Number:**  
**(817) 385-9611**

## **Notice of Independent Review Decision**

**Case Number:**

**Date of Notice:** 05/07/2015

### **Review Outcome:**

**A description of the qualifications for each physician or other health care provider who reviewed the decision:**

Physical Medicine And Rehab

### **Description of the service or services in dispute:**

FCE Bilateral shoulder and neck

**Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:**

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part / Disagree in part)

### **Patient Clinical History (Summary)**

The patient is a female who was injured on xx/xx/xx while moving boxes from a pallet. The patient began developing pain in the bilateral shoulders as well as the neck region. The patient was initially seen by a chiropractor with minimal improvement. The patient was referred for formal physical therapy and provided anti-inflammatories by. was considering referring the patient to a specialist for possible injections. As of 04/20/15, the patient continued to have complaints of pain in the cervical and shoulder regions. The patient indicated that her symptoms overall remained the same with pain 4/10 in intensity. The patient's physical examination noted resolution of muscle spasms in the cervical region with continuing spasms in the trapezius with tenderness to palpation. There was also continuing diffused tenderness in the left and right shoulders with improvement in range of motion. The patient was not recommended for further physical therapy at this evaluation but was referred to a for possible sacroiliac joint injections. The patient was instructed to continue with a home exercise program.

The requested functional capacity evaluation was denied by utilization review on 03/13/15 as there was no specific indication for this type of testing or evidence that the patient had failed a trial of a return to work or had a highly complex condition and there was no mention of any need for work hardening or other plans of treatment that would require a functional capacity evaluation as a pre-rehabilitation assessment.

The request was again denied on 04/09/15 as there was no indication that the patient was functionally limited in regards to her occupation.

**Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.**

The patient has been followed for continuing complaints of neck and bilateral shoulder pain. The most recent evaluation by noted continuing tenderness diffusely in the bilateral shoulders as well as the trapezius. The records did not specifically discuss any return to work issues or questions regarding appropriate restrictions and limitations for the patient. There was no indication from the records that the patient was currently being considered for an in depth rehabilitation program such as work hardening or a chronic pain management program which would reasonably require an functional capacity evaluation. The clinical documentation

provided for review does not meet guideline recommendations for the submitted request. As such, it is this reviewer's opinion that the request is not medically necessary and the prior denials remain upheld.

***A description and the source of the screening criteria or other clinical basis used to make the decision:***

- ☐ ACOEM-America College of Occupational and Environmental Medicine um
- ☐ knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines
- ☐ DWC-Division of Workers Compensation Policies and
- ☐ Guidelines European Guidelines for Management of Chronic
- ☐ Low Back Pain Interqual Criteria
- ☒ Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- ☐ standards Mercy Center Consensus Conference Guidelines
- ☐ Milliman Care Guidelines
- ☒ ODG-Official Disability Guidelines and Treatment
- ☐ Guidelines Pressley Reed, the Medical Disability Advisor
- ☐ Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters
- ☐ Texas TACADA Guidelines
- ☐ TMF Screening Criteria Manual
- ☐ Peer Reviewed Nationally Accepted Médical Literature (Provide a description)
- ☐ Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)